

State: District of Columbia**Filing Company:** American Heritage Life Insurance Company**TOI/Sub-TOI:** H21 Health - Other/H21.000 Health - Other**Product Name:** Certificate Endorsement**Project Name/Number:** PS16/

Filing at a Glance

Company:	American Heritage Life Insurance Company
Product Name:	Certificate Endorsement
State:	District of Columbia
TOI:	H21 Health - Other
Sub-TOI:	H21.000 Health - Other
Filing Type:	Form
Date Submitted:	09/03/2015
SERFF Tr Num:	ALST-130226433
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	PS16
Implementation	On Approval
Date Requested:	
Author(s):	Lynn Bautista, Christopher Goodwin, Megan Ryman
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Implementation Date:	

State: District of Columbia
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: Certificate Endorsement
Project Name/Number: PS16/

Filing Company: American Heritage Life Insurance Company

General Information

Project Name: PS16
Project Number:
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer, Association, Other
Overall Rate Impact:

Deemer Date:
Submitted By: Megan Ryman

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 06/15/2015
Domicile Status Comments: Approved in domicile state of Florida under State Filing Number FLH 15-08736 (for Health forms) and State Filing Number FLA 15-11265 (for Life forms)
Market Type: Group
Group Market Size: Small and Large
Explanation for Other Group Market Type: Union
Filing Status Changed: 09/03/2015
State Status Changed:
Created By: Megan Ryman
Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions:

No

Filing Description:
RE: American Heritage Life Insurance Company
NAIC Number: 60534
Certificate Endorsement form PS-16

To Whom It May Concern:

Certificate Endorsement form PS-16 is being submitted for your review and approval. This form is new and does not replace any forms previously approved by your department.

Certificate Endorsement form PS16 may be used with previously approved certificates where rates are being adjusted due to claims experience or the primary insured's attained age. This endorsement will inform existing certificate holders what their premiums have been adjusted to. The premium rates used in the endorsement will always be based on the currently filed rates approved by your department.

A list of previously approved forms and a Statement of Variability are included.

If there are any questions, please do not hesitate to contact me at (904) 992-3046. I can also be reached by e-mail at cbautista@allstate.com.

Thank you for your consideration of our filing.

Company and Contact

Filing Contact Information

Lynn Bautista, Compliance Analyst

CBautista@allstate.com

State: District of Columbia**Filing Company:** American Heritage Life Insurance Company**TOI/Sub-TOI:** H21 Health - Other/H21.000 Health - Other**Product Name:** Certificate Endorsement**Project Name/Number:** PS16/

Attn: Legal/Compliance 904-992-3046 [Phone]
1776 American Heritage Life Drive 904-992-2975 [FAX]
Jacksonville, FL 32224-9983

Filing Company Information

American Heritage Life Insurance
Company

CoCode: 60534

State of Domicile: Florida

ATTN: Legal/Compliance

Group Code: 8

Company Type: Life and
Health

1776 American Heritage Life Drive

Group Name: Allstate

State ID Number:

Jacksonville, FL 32224-9983

FEIN Number: 59-0781901

(904) 992-3424 ext. [Phone]

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	American Heritage Life Insurance Company
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other		
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Form Schedule

Lead Form Number: PS16								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Certificate Endorsement	PS16	CERA	Initial		64.400	PS16.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



CERTIFICATE ENDORSEMENT

Certificate No.: [1234567890]

Endorsement Effective Date: [1/01/2015]

The certificate to which this endorsement is attached is endorsed as follows:

The modal premium for this certificate is changed to: [\$00.00] per [Billing Mode] payment as of [1/01/2015].

This endorsement does not change, alter or amend the certificate in any way except as expressly stated in this endorsement.

A handwritten signature in black ink, appearing to read "Gary Stewart". The signature is written in a cursive, flowing style. It is positioned above a thin horizontal line.

Secretary

SERFF Tracking #:	ALST-130226433	State Tracking #:		Company Tracking #:	PS16
State:	District of Columbia	Filing Company:	American Heritage Life Insurance Company		
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other				
Product Name:	Certificate Endorsement				
Project Name/Number:	PS16/				

Supporting Document Schedules

Satisfied - Item:	Statement Of Variability
Comments:	
Attachment(s):	Statement of Variability.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Forms List
Comments:	
Attachment(s):	Forms List.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	Readability Certification.pdf
Item Status:	
Status Date:	

American Heritage Life Insurance Company (AHL)

Variables for Certificate Endorsement Form PS16

1. The alphanumeric number of the certificate holder will be inserted.
2. The date the endorsement is effective will be inserted here.
3. The new premium amount is listed here; the Billing Mode is how the premium is billed and paid: annually, semi-annually, quarterly, monthly, semi-monthly, bi-weekly or weekly; the effective date of the new premium is inserted here.

List of Approved Forms PS16 May Be Used With

Form Number	Type of Form	Approval Date	Filing #
G-DEN-C	Group Dental Certificate	03/13/2001	N/A
GDENC7	Group Dental Certificate	03/13/2001	N/A
GVAC1(DC)	Group Accident Certificate	06/05/2002	N/A
GVAC2DC	Group Accident Certificate	03/14/2012	ALST-128081158
GVAC6DC	Group Accident Certificate	01/20/2015	ALST-129809746
GVCC2	Group Cancer and Specified Disease Certificate	05/22/2000	N/A
GVCC3DC	Group Cancer and Specified Disease Certificate	05/19/2009	ALST-126146138
GVCIC1DC	Group Critical Illness and Specified Disease Certificate	07/31/2006	N/A
GVCIC2DC	Group Critical Illness and Specified Disease Certificate	03/12/2010	ALST-126528567
GCIC3DC	Group Critical Illness and Specified Disease Certificate	03/12/2010	ALST-126528567
GVDICDC	Group Short Term Disability Certificate	02/16/2011	ALST-127003513
GVD-4000-C	Group Short Term and Long Term Disability Certificate	08/21/1998	N/A
GVSC2DC	Group Hospital Indemnity Certificate	12/13/2013	ALST-129172527
GPTLCDC	Group Term Life Certificate	03/28/2013	MCHU-128892437
GVL-4000-C	Group Term Life Certificate	02/24/2004	N/A

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida 32224-6687

To the Policy Review Section, District of Columbia Department of Insurance.

I certify that I have carefully reviewed the form(s) listed below and to the best of my knowledge and ability, find that the form(s) meet the minimum reading ease score on the test used.

Form
PS16

Score
64.4

Date: August 31, 2015

A handwritten signature in dark ink, reading "Diane D. Ierna". The signature is written in a cursive style with a horizontal line underneath it.

Diane Ierna
Assistant Vice President, Product Support Department